FILE #00-069 PREPARED BY & RETURN TO: MCFALL LAW FIRM 7105 SWINNEA RD SUITE 1 **SOUTHAVEN, MS 38671** (662) 349-7780

ESTATE OF JOHNNIE M. BUCHANAN. GRANTOR

TO

WARRANTY

DEED

BILLY FLOYD MAXWELL and wife, LINDA F. MAXWELL, **GRANTEES**

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, BRIAN BUCNANAN, EXECUTOR, does hereby sell, convey, and warrant unto BILLY FLOYD MAXWELL and wife, LINDA F. MAXWELL, as tenants by the entirety with full rights of survivorship and not as tenants in common, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 1726, SECTION "G", SOUTHAVEN WEST SUBDIVISION, in Section 22, Township 1 South, Range 8 West, as shown by the plat recorded in Plat Book 3, Pages 31 and 32, in the office of the Chancery Clerk of DeSoto County, Mississippi.

This being the same property conveyed to the Grantor herein by Warranty Deed of record in Book 159, Page 339, in the Chancery Clerk's Office of DeSoto County, Mississippi.

By way of further explanation, Eleanor G. Wade married Johnnie Buchanan on March 17, 1989, becoming Eleanor G. Buchanan. Mrs. Buchanan passed away on June 13,1998 leaving Johnnie Buchanan sole owner of subject property, by way of title being vested as joint tenants with full rights of survivorship. Johnnie Buchanan passed away on 3-2-00 Brian Buchanan, as Executor of the estate signs this Warranty Deed after having so been authorized to do so under Cause # 00-3-499B, in the Chancery Court of DeSoto County, MS.

This conveyance is made subject to all applicable building restrictions, restrictive covenants, and easements of record.

Taxes for the year 2000 have been prorated between Grantor and Grantee and Grantee shall be responsible for payment of said taxes on due date.

Bris Ballaan, Edelvia

Brian Buchanan, Executor

WITNESS OUR SIGNATURE, this the 4th day of August, 2000.

Aug 22 2 35 PM '00

BK 378 23 84

STATE OF MISSISSIPPI; **COUNTY OF DESOTO:**

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 4th DAY OF AUGUST, 2000.

NOTABLE

My Commission Expires: Notary Plant PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, within named: Brian Buchanan, Executor, who acknowledged that he signed and delivered the above and foregoing Deed on the day and year therein mentioned, as his free act and deed, and for the purposes therein

Notary Public State of Mississippi At Large My Commission Expires: March 9, 2002 Bonded Thru Heiden, Brooks & Garland, inc.

Addies: 2031 Brookhaven Drive, Southaven, MS 38671

NTOR'S ADDRESS

2031 Brookhaver Dr.

DIHMQUEN, MS 38671

280-1641 <u> 280-1641</u>

HM PHONE WK PHONE

GRANTEE'S ADDRESS 4105 Redwood Drive

Olive Branch, MS 38654 349-8899 349-0039

HM PHONE WK PHONE

6628959717

| 1. DECEDENTS NAME (FIRST, MICH. | APP AMULI | FICATE OF D | EATH | STATE | | | 00171 |
|--|--|--|--|--|--|--|--|
| _Johnnie M. | Buchanan | | | 2. SEX | | DEATH (Month, Day, Yes | 001/1 |
| 4. SOCIAL SECURITY NUMBER | | UNION I YEAR SE UNION | COT LOAY 6. DATE | Male OF BIRTH (MAINE DAY, 744 | Marc | ch 2, 2000 NOTE (City and State or Fo | |
| 413-70-4368 a. Was decement even in u.s. | 57 | [] ! |) " | | | LTON. MS. | Neigh Country) |
| 1 X Year 2 No | HOSPITAL: | 2 P/Outpatient | ACE OF DEATH COM | | | | |
| 3b. FACILITY NAME (If not institution | | 9c. CIT | Y. TOWN, OF LOCATIO | | 6 Reelde | 9d. COUNTY OF DEA | Specify) |
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| . 200 Goodman Rd | ai Gaigens Fast Southa | uom MO non | | | 20.0 | CENSE NUMBER OF FL | INERAL HOME |
| | | veii, MS 386 | | | Į. | 429 | |
| | | | 12 | 24. DATE FILED (Mo. | Titl. Day Your | — <u>427 </u> | |
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| ACK INK FOR AUCTIONS | ELEANOR G. BUCH | - 1 | | | 1 | JUNE 3,1998 | | | | |
| HANDBOOK | 4. SOCIAL SECURITY NUMBER 50 AUFLAST 50 (NOTELLY YEAR) 4. SOCIAL SECURITY NUMBER 50 AUFLAST 50 (NOTELLY YEAR) 4. SOCIAL SECURITY NUMBER 50 AUFLAST 50 (NOTELLY YEAR) 4. SOCIAL SECURITY NUMBER 50 AUFLAST 50 (NOTELLY YEAR) | | | | | | | BIRTHPLACE (City and State or Foreign Country) | | |
| | 338-34-5782 | 57 | | | MAR | CH 23,1941 | | INGTON ,DC | | |
| (45) (2) 4 5 2 1 3 1 1 | 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes 2 X No | HOSPITAL TA | | Be PLACE OF DE | ATH (Che | ck only one) | | | | |
| | 96. FACILITY NAME (If not institute | 1 N Inpatier | 11 Z ER/Cub | patient 3 DOA | | Nursing Home | Fesk | dence 6 Other | | |
| -16 | METHODIST CENTRAL HOSPITAL | | | MEMPHIS | | | | 9d. COUNTY OF DEATH SHELBY | | |
| / 1 | 10 MARITAL STATUS-Married (1 SUAVIVING SPOUSE | | | 124. DECEDENT'S USUAL OCCUPATION | | | 12b. K | 125. KIND OF BUSINESS INDUSTRY | | |
| | Ulvarção (Specity) | | | working life. Do not use reured.) | | | | | | |
| | MARRIED JOHNNY BUCHANAN | | | TEACHER | | | | S & W CHILD CARE | | |
| JUR I | MS | T 1 TY-14 | | | | AND NUMBER OF RUPAL LUCATION | | | | |
| UENGUS IHAC | 13e. INSIDE CITY 13F. ZIP COD | ISPANIC ORIGINS | | | | BROOKHAVEN | | | | |
| <u>č</u> 5 | Mexican, Puerto Rican. 6 | | | Pecky Cuban, Yes O | } | j Bi⊇ck, White, ∈(C. | | 15 DECEDENT'S EDUCATION (Specify only highest grade completed) | | |
| de Sacrada | 2 № 38671 | Specify, if y | ns. | رے ۱۹۰۰ – (| | WHITE | E | lemeolary/Secondary (0-1 | (1-4 or | |
| PARENTS | 17. FATHER'S NAME (First, Middle HARRY GUICE | ı, Laşı) | | | | HER'S NAME (First, Mid | ddie. Malden | Sumame) | | |
| | 13A. INFORMANT'S NAME (Type A | EMILY MCHUGH | | | | | | | | |
| INFORMANT | | ECEASED | 19c. MAII Slait | MAILING ADDRESS (Street and Number or flural Route Number, City or Fee State, Zip Code) | | | | | | |
| | DALE ASHBURN | CE 2031 DROOKHAVEN, SOU | | | | UTHAVEN,MS 38671 | | | | |
| | 20a METHOD OF DISPOSITION | | 20b. PLACE OF D | HSPOSITION (Name | of cerneter, | | | ION-City or Town, State | | |
| | 1 X Burial 2 Cremetion | 3 Removal from State | | *L | | | | | | |
| | 4 Donation 5 Other (Specify) 21a. SIGNATURE OF FUNERAL DIR | | | HILL SOUT | | | mem | PHIS, TN | | |
| DISPOSITION | | | FUNE | THE NUMBER OF 21c. | SIGNATU | ME OF EMBALMER | | 21d, LICI OF | ENSE NUMBER EMBALMER | |
| | ► PAUL MEEKS | | 4736 | ≱.ī | IES KI | ERKPATRICK | | 4939 |) | |
| | Z28. NAME AND ADDRESS OF FUN | | | ···-·· | | | 221 | b. LICENSE NUMBER OF | | |
| | FOREST HILL FU 2545 E.HOLMES R | | | | | | | | | |
| | 23 AEDISTRAR'S SIGNATURE | D MEMPHIS | 7N 381 | 18 | | r | | 920 | | |
| REGISTRAR | Conca de | X1/2 | Bin | | j | 24. DATE FILED (M | | 98 | · · · · · · · · · · · · · · · · · · · | |
| | 258. PHYSICIAN - To the best of my | knowledge death occur | od al the time, date | e. and place, and due | to the caus | 3e(a) and manner as st | 10 13 | 20 | y | |
| | 1 SIGNATURE AND TITE | E OF PHYSICIAN | レノノ | | | 250. LICENSE NUM | BER | 25c. DAJE SIONED | implith Day Year) | |
| | 250 MEDICAL EVALUACO CO. 15 | | 1 // | | | 02659 | 32 | 6/ | 1/47 | |
| CERTIFIER | 25e. MEDICAL EXAMINER - On the b | | | my opinion, death occ | urred at the | | | | | |
| | 2 SIGNATURE AND TITE | E OF MEDICAL EXAMIN | VER / | / | | 26b. LICENSE NUM | BER | 26c. DATE SIGNED | (Month, Day, Year) | |
| AN OR MED. XAMINER EX- | 27. NAME AND ADDRESS OF CERT | FIER (PHYSICIAN OR N | EDICAL EXAMINE | A) (TuberPrint) | | | | | | |
| OMPLÉTE AND DICAL CERTIFI- | DR. FURHAN YUNIS | 1211 UNIO | | MEMPHI | S,TN | 38104 | • | | | |
| WITHIN 48 | 28, FART I. Enter the diseases, mju arrest, shock, or heart I. | 28. PART I. Enter the diseases, injuries, or complications that cause the death. Do not enter the move of dying, such as cardiac or respiratory. Approximate | | | | | | | | |
| į | IMMEDIATE CAUSE (Final | , | X | 000 | L | had. | <u> </u> | T-0.1.00 | Prvat Between Dand Death | |
| STRUCTIONS | disease or condition resulting in death) | | TO (OR AS A COM | SEQUENÇE OF: | 1O. | ()10 |) 2 | HOIIV | _ | |
| THER SIDE | | DOC | TO TON AGE | SEGUENCE OF !: | bl | 2-12 | | | | |
| | Sequentially list conditions, if any, leading to immediate | OUE | TO (OR AS A CON | SEQUENCE OF): | يستميرار | | <u> </u> | | | |
| CAUSE OF DEATH | CAUSE (Disease or injury . C. | · · · · · · · · · · · · · | | 1 / 1 | | a C | | | | |
| | resuiting in death) LAST | - OUE | TO TOPI AS A CON | SEQUENCE OF THE | 111111111111111111111111111111111111111 | | | | ······································ | |
| ļ | PART II. Other significant conditions co | intributing to death but no | at resulting in the tre | donutes source | | | | | | |
| - \ | | | | Convert canes divers | in Parti, | 29a W/ | S AN AUTO REORMED? | AVAIL ABLE | OPSY FINDINGS PRIOR TO | |
| ĺ | | | | | | *** | • | OF DEATH | ON OF CAUSE | |
| | y Charles | | | • | | 1 \rightarrow \r | es 2 | No 1 Yes | 2 No | |
| ì | 30. MANNER OF DEATH | 31a. DATE OF INJU | RX - 316, TIME | OF 31c, INJURY | AT WOR | | | 1 | 2 No | |
| $O \mid$ | 1 Naturel 5 Pending investigation 2 Accident | • | | | Yes | | | | | |
| | 3 Suirine e Could not be | | JRY-At home, farm. | M 2 street, factory, office | No lat | L OCATION (Dis- | and At | | | |
| (| 4 Hornicide | building, etc. (S) | pecify) | | " | . LOOMINUM (Street) | ING WUNDER | or Mural Route Number, C | ity or Town, State) | |
| | | ~ ! | | | | | | | | |
| | | | | | | | | | | |